CITY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
BUREAU OF STREET SERVICES
INVESTIGATION AND ENFORCEMENT DIVISION
TELEPHONE: (213) 847-6000

№ 041690

NOTICE OF VIOLATION

Date of Violation	Time		Day of Week	MD	CD
5/3/19	10:00	☒ AM ☐ PM	S M T W T F S	104	1

Name (First, Middle, Last): Owner

Address: [redacted]

City: [redacted]

Driver's Lic./ID No. | State | Class | Age | Birth Date

Sex | Hair | Eyes | Height | Weight | Race

Vehicle License No. or VIN | State

Yr. of Veh. | Make | Model | Body Style | Color

Contractor's License Number

Company Name

Company Address

City | State | Zip Code

Violation Description

1. 56.08(e)1 LAMC - OBSTRUCTING
2. SIDEWALK
3.

☐ See Reverse Side for Violation

Location of Violation(s): 700 Blk Union

Violation Noticed was: ☒ Posted ☐ Hand Served ☐ Mailed

Comments: Remove bin from public right of way

I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct.

Investigator: DUNCANSON, J

Serial Number:

Investigator Telephone Number: 213 847 6069

Office Hours: 7 am - 8 am :30 pm - 3:30 pm

Signing this notice is not an admission of guilt; only confirmation that the notice was received.

X Signature: POSTED

YOU ARE REQUIRED TO:

☒ COMPLY WITH THIS NOTICE AT ONCE

☐ COMPLY WITH THIS NOTICE WITHIN _____ DAYS FROM THE DATE SHOWN ABOVE.

☐ APPEAR FOR A HEARING ON _____ AT 1149 S. BROADWAY, SUITE 350, L.A. CA 90015 BETWEEN _____ AND _____

☐ PAY FEES AND/OR FINES IN THE AMOUNT OF _____ PLEASE SEND PAYMENT TO THE ORDER OF THE "CITY OF LOS ANGELES" TO THE ADDRESS SHOWN BELOW
BUREAU OF STREET SERVICES. INVESTIGATION AND ENFORCEMENT DIVISION
1149 S. BROADWAY, SUITE 350
LOS ANGELES, CA 90015

FAILURE TO COMPLY WITH THIS NOTICE MAY RESULT IN FURTHER LEGAL, AND/OR CITY ACTION AT THE PROPERTY OWNERS EXPENSE.

CITY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
BUREAU OF STREET SERVICES
INVESTIGATION AND ENFORCEMENT DIVISION
TELEPHONE: (213) 847-6000

№ 041689

NOTICE OF VIOLATION

Date of Violation	Time		Day of Week	MD	CD
4/30/19	12:25	☐ AM ☒ PM	S M T W T F S	104	1

Name (First, Middle, Last): ALCOHOLISM CENTER FOR WOMEN

Address

Driver's Lic./ID No. | State | Class | Age | Birth Date

Sex | Hair | Eyes | Height | Weight | Race

Vehicle License No. or VIN | State

Yr. of Veh. | Make | Model | Body Style | Color

Contractor's License Number

Company Name

Company Address

City | State | Zip Code

Violation Description

1. LAMC 56.08 - OVERGROWN VEGETATION
2. ENCROACHING UPON SIDEWALK
3.

☐ See Reverse Side for Violation

Location of Violation(s): 1147 S ALVARADO ST (12TH ST SIDE)

Violation Noticed was: ☐ Posted ☐ Hand Served ☒ Mailed

Comments: CUT/TRIM/Remove overgrown vegetation

I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct.

Investigator: DUNCANSON, J

Serial Number: 21118

Investigator Telephone Number: 213 847 6069

Office Hours: 7 am - 8 am :30 pm - 3:30 pm

Signing this notice is not an admission of guilt; only confirmation that the notice was received.

X Signature: MAILED

YOU ARE REQUIRED TO:

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